

**MNH Surgical Center  
Notice of Health Information Practices**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**Introduction**

At MNH Surgical Center , we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information.

**Understanding Your Health Record/Information**

Each time you visit MNH Surgical Center , a record of your visit is made. Typically, this record contains your demographic information , medical history , procedure notes , test results, diagnoses, prescription copies, discharge instructions & signed consents. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means for nursing to contact you for follow-up
- Legal documents describing the care you received , and consents you have given .
- Means by which a third-party payer (Insurance Co) can verify who you are , and that services billed were actually provided.
- A source of information for public health officials charged with improving the health of this state and the nation ( Such as AHCA & FDA ) .
- Means by which a pathology lab can process & bill for biopsy samples .
- A tool with which we can assess and continually work to improve the care we render at our facility , and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others .

**Your Health Information Rights**

Although your health record is the physical property of MNH Surgical Center, the information belongs to you . You have the right to:

- Obtain a paper copy of this notice of information practices upon request .
- Inspect and copy your health record as provided for in 45 CFR 164.524.
- Amend your health record as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Request communications of your health information by alternative means or at alternative locations.
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**Our Responsibilities**

MNH Surgical center is required to:

- Maintain the privacy of your health information .
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you .
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction .
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us .

We will not use or disclose your health information without your authorization , except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

**For More Information or to Report a Problem :**

If have questions and would like additional information, you may contact the Administrator or Medical Director at **407-644 4222**

If you believe your privacy rights have been violated, you can file a complaint as above with the Office for Civil Rights, U.S. Department of Health and Human Services. The address for the OCR is listed below:

*Office for Civil Rights*  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201